

BUREAU OF MOTOR VEHICLES COMMISSION

APPLICATION FOR EMPLOYMENT

The Bureau of Motor Vehicles Commission ("BMVC") is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, handicap, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification. The BMVC will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

Date of Application _____

PLEASE PRINT

Name _____
LAST
FIRST
MIDDLE

Address _____
NUMBER
STREET
CITY
STATE
ZIP CODE

If you have resided at your present address less than three years, list your prior address:

Address _____
NUMBER
STREET
CITY
STATE
ZIP CODE

Telephone (_____) _____
Area Code

Position(s) Desired _____ Salary Expected _____

Are you available to work ☐ Full Time ☐ Part-Time ☐ Temporary

On what date would you be available for work? _____

List any days and times you are not available for work _____

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No If yes, give date(s) _____

Have you ever been employed here before? ☐ Yes ☐ No If yes, give dates _____

Are you related to the Commissioner or any Deputy Commissioner of the Bureau of Motor Vehicles or any Commissioners or employees of the BMVC?

☐ Yes ☐ No If yes, please list them by name, position and branch (if applicable) _____

Why did you apply for a position at the BMVC? _____

Why do you think you would make a valuable employee of the BMVC? _____

Are you a U.S. Citizen or an alien legally entitled to work in the position(s) for which you have applied?
☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No

(Application continues on back. Please complete.)

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation? (Conviction or plea will not necessarily disqualify applicant from employment.) ☐ Yes ☐ No

If yes, please explain _____

Name of person we should notify in case of emergency _____

Address _____ **Emergency Phone No.** _____

EDUCATION

Type of School	Name of School	City and State	Number of Years Completed	Graduate		Course Pursued/ Degrees Granted
				Yes	No	
Grade School						
Junior High School						
Senior High School						
College or University						
Business, Trade, or Technical School or College						
Correspondence or Special School or College						

If you did not complete high school, do you have a GED? ☐ Yes ☐ No

Summarize special job-related skills and qualifications acquired from education, employment, volunteer work, or military service. _____

List specific skills or office machines, or other equipment that you are trained on and can operate that will be helpful in performing the responsibilities of the position(s) for which you are applying _____

EMPLOYMENT RECORD

Starting with your present or most recent job, list your employment experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment. **Do not omit any employment.**

Title of present or previous job	From (mo., day, yr.)	To (mo., day, yr.)	Approximate number of hours worked per week
Name of employer / organization and address (number and street, city, state, ZIP code)			Telephone (area code)
Name of supervisor / title	Job types and number of employees you supervise (if any). (Example: 3 managers, 2 clerks)		
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for leaving			Final salary \$ _____ per
Title of present or previous job	From (mo., day, yr.)	To (mo., day, yr.)	Approximate number of hours worked per week
Name of employer / organization and address (number and street, city, state, ZIP code)			Telephone (area code)
Name of supervisor / title	Job types and number of employees you supervise (if any). (Example: 3 managers, 2 clerks)		
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for leaving			Final salary \$ _____ per
Title of present or previous job	From (mo., day, yr.)	To (mo., day, yr.)	Approximate number of hours worked per week
Name of employer / organization and address (number and street, city, state, ZIP code)			Telephone (area code)
Name of supervisor / title	Job types and number of employees you supervise (if any). (Example: 3 managers, 2 clerks)		
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for leaving			Final salary \$ _____ per

May we contact the employers listed above? ☐ Yes ☐ No If no, indicate which one(s) you do NOT wish us to contact, and state the reason why you prefer that we do not contact the employer(s). _____

Have you ever been discharged or asked to resign from any position? ☐ Yes ☐ No

If yes, please state the employer and dates of employment. _____

(Application continues on back. Please complete.)

Which of the positions listed above did you like best? _____

Why? _____

Which of the positions listed above did you like least? _____

Why? _____

Applicant's Statement

- * I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge.
- * I authorize investigation of all statements contained in this application for employment. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of former employers that are given in response to the inquiry.
- * I hereby release all parties, including but not limited to the BMVC or BMV, and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to the BMVC, concerning me or any action the BMVC or BMV takes on the basis of such information.
- * I understand that if I am offered a job as a condition of beginning my employment, I must pass a background investigation that will be made including, among other things, a financial and criminal history background check.
- * I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by the BMVC is contingent upon my ability to produce the required documentation within the time period required by law.
- * I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at will at any time by the BMVC, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other BMVC material do not create any guarantee of employment and that the BMVC has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of the BMVC, other than the Commission as a whole, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on the BMVC.

Date: _____

Signature of Applicant

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER SIX MONTHS